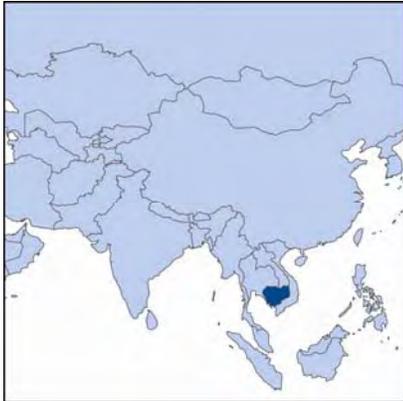




TUBERCULOSIS PROFILE



According to the *WHO Global TB Report 2006*, Cambodia has the 22nd highest TB burden worldwide. Approximately two-thirds of all Cambodians carry the tuberculosis bacterium, and around 13,000 Cambodians die annually from the disease. There were more than 70,000 new TB cases in Cambodia in 2004, with an estimated incidence rate of 510 cases per 100,000 people. In 2004, the TB mortality rate was 94 deaths per 100,000 people. The National TB Control Program began Directly Observed Therapy, Short-Course (DOTS) implementation in 1994. DOTS is available in all of Cambodia's 68 referral hospitals, 853 health centers, and 40 health posts. The country has maintained a TB treatment cure rate of more than 90 percent and a case detection rate of near 60 percent.

Country population	13,789,000
Global rank out of 22 high-burden TB countries	22
Estimated number of new TB cases	70,370
Estimated TB incidence (all cases per 100,000 pop.)	510
DOTS population coverage (%)	100
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	138
DOTS case detection rate (new SS+) (%)	61
DOTS treatment success rate in 2003 (new SS+) (%)	93
Estimated adult TB cases HIV+ (%)	13.0
New multidrug-resistant TB cases (%)	0.0

Note: All data are for 2004 except where noted otherwise.
Source: Global Tuberculosis Control: WHO Report 2006.

USAID Approach and Key Activities

USAID support to the National Center for Tuberculosis and Leprosy Control (CENAT) began in 2001. Between 2001 and 2006, USAID funds for TB programming in Cambodia averaged \$2 million per year. DOTS has expanded beyond the hospital level and was available in all health centers and communities by the end of 2005.

USAID's strategy for TB prevention and control includes:

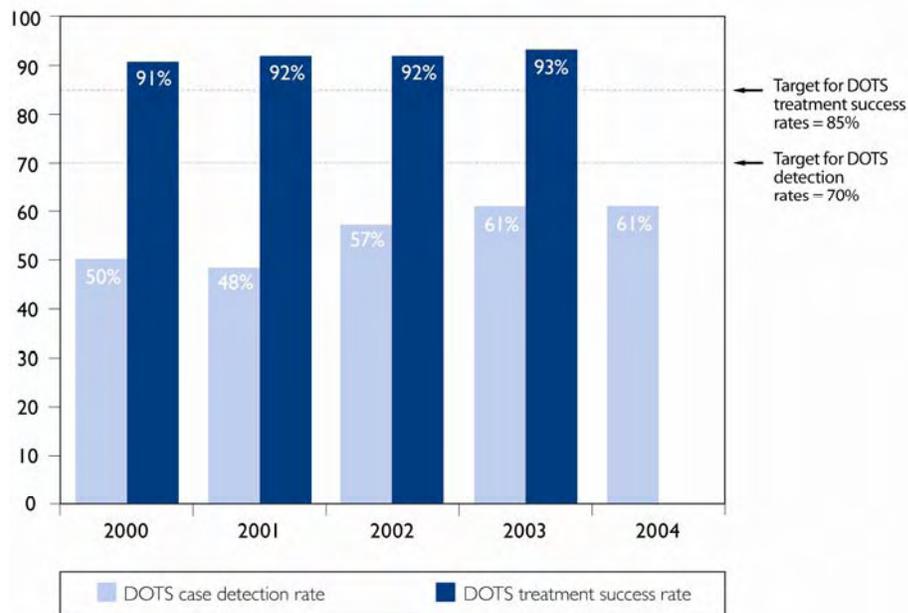
- Identifying and sharing innovative ways in which communities and nongovernmental organizations (NGOs) can expand DOTS to increase referral of TB suspect cases
- Sharing national "lessons learned" with the international community
- Assisting managerial and technical staff in delivering TB services
- Investing in technical assistance for drug management and logistics
- Strengthening the skills of pharmacy staff and private providers and scale-up of the referral mechanisms from pharmacies and private providers to DOTS health centers and hospitals
- Supporting public campaigns to increase awareness among communities on TB to increase referral of suspected cases
- Strengthening the capacity of the national program to develop TB information, education, and communication (IEC) materials

USAID Program Achievements

Cambodia marked significant progress in its TB control program in 2005. USAID program achievements include the following:

- Reached the global target of 70 percent sputum smear-positive case detection rate and maintained a cure rate over 90 percent
- Supported expansion of community DOTS to cover more than 80 percent of health centers in 20 operational districts (over one-fourth of all health centers) in Cambodia
- Helped the Ministry of Health improve the collaboration of TB-HIV/AIDS programs at the national and provincial levels and expand implementation of TB-HIV co-infection activities
- Provided technical assistance to improve national, provincial, and district managerial capacity
- Built the capacity of national program staff to improve their skills in behavior change communications/IEC materials development
- Supported the expansion of public-private mix programs from two to four provinces

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.
Source: Global Tuberculosis Control: WHO Report 2006.

Partnerships

WHO and the Japan International Cooperation Agency (JICA) lead the technical collaboration of external partners in Cambodia. In addition to USAID, other key partners include the World Bank and the Canadian International Development Agency. USAID partners in TB control include CENAT, the Japanese Research Institute for Tuberculosis, the Japan Anti-Tuberculosis Association, the U.S. Centers for Disease Control and Prevention, the University of Alabama, the Program for Appropriate Technology in Health, the Reproductive and Child Health Alliance, the University Research Corporation, Family Health International, CARE International, and the Reproductive Health Association of Cambodia. The World Food Program contributes food to a nutritional support intervention for TB patients. Family Health International, JICA, and WHO are working together to improve linkages between the TB and HIV/AIDS programs. In addition, the Global Fund to Fight AIDS, Tuberculosis and Malaria has awarded funding to Cambodia for activities that include a plan to expand community-based DOTS where NGOs are not currently working.